

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

10-828975

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.						
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TOTAL CLAIMS						

2 of 2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

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FILING DATE

APPLICANT(S)

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AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS											
NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP	NO.	IND	DEP
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